



Borough of Chatham.

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ANNUAL REPORT  
OF THE  
MEDICAL OFFICER  
OF HEALTH  
FOR THE YEAR 1918.

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CHATHAM:  
CLEMENTS BROS., MEETING HOUSE LANE.

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# BOROUGH OF CHATHAM.

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*To the Mayor and Corporation.*

GENTLEMEN,

In accordance with the suggestion of the Local Government Board, the Annual Report for 1918 is of a brief character, and contains only a short account of the Chief Sanitary events of the year with the exception of the outbreak of Influenza which is dealt with in more complete manner.

It is a matter for great satisfaction that apart from the heavy mortality due to Influenza and its complications the health of the Borough has been good.

The ordinary Sanitary Services of the town such as emptying of privies and cesspools, the removal of refuse, the cleansing of the streets, the prevention and abatement of nuisances, and the constant war against infectious disease have been carried out often under circumstances of great difficulty. A number of houses have also been reported upon and improved, because in spite of the obstacles to housing work, their condition was such as to render interference imperative. As a whole structural work has had to be stopped, labour and material alike being restricted.

It is especially gratifying to record a further reduction in the Infant Mortality rate, and its occurrence in connection with the special work now being undertaken for child welfare is suggestive of cause and effect.

The co-operation and cordial relations existing between the Naval, Military, and Civil Authorities have been maintained and extended, and complete inter-notification of disease is in operation.

My thanks are due to Mr. Coles Finch for details of rainfall, to Mr. Collard, Inspector for the Society for the Prevention of Cruelty to Children, to the Poor Law Officials for their co-operation, and to each member of my department for loyal and ready compliance and attention to duties.

I also thank the Council for the courteous consideration always accorded to such recommendations as I have put before them.

I am, Gentlemen,

Your obedient Servant,

J. HOLROYDE, F.R.C.S., D.P.H.

*Medical Officer of Health.*

CHATHAM

*April 10, 1919.*

### SUMMARY OF VITAL STATISTICS.

Area in Acres (inclusive of water) . . . .	4,443.298
"    "    (inland water only) . . . .	4,356
Population (Census, 1911) . . . . .	42,250
Population (Civilians only) estimated by the Registrar General	
For Birth Rate . . . . .	42,207
For Death Rate . . . . .	37,669
Births registered . . . . .	846
Birth Rate per 1,000 . . . . .	20.04
Net Deaths registered . . . . .	765
Death Rate per 1,000 . . . . .	20.3
Zymotic Death Rate . . . . .	.8
Mortality from all forms of Tubercu- losis, including Phthisis . . . . .	1.9
Phthisis Death Rate . . . . .	1.7
Infantile Mortality per 1,900 Births ..	86
Number of occupied houses . . . . .	9,614
Total Rates in the £ . . . . .	9s. 5d.
A 1d. Rate produces . . . . .	£675

### OFFICIAL CIRCULARS RELATING TO PUBLIC HEALTH MATTERS ISSUED BY THE LOCAL GOVERNMENT BOARD DURING 1918.

Public Health (Notification of Infectious Di- sease) Regulations 1918	
Circular and Order . . . . .	January 19, 1918
Milk (Mothers and Children) Order 1918	
Circular and Order . . . . .	February 9, 1918
Public Health (Tuberculosis) Regulations	
Circular and Order . . . . .	July 4, 1918
Epidemic Diarrhœa Circular . . . . .	July 11, 1918
Maternity and Child Welfare Circular . . . .	August 9, 1918
Notification of Cholera Circular . . . . .	August 22, 1918
Public Health (Tuberculosis) Regulations	
Circular and Order . . . . .	September 6, 1918
Public Health (Influenza) Regulations 1918	
General Order . . . . .	November 18, 1918
Public Health (Acute Encephalitis Lethargica and Acute Polio-encephalitis) Regu- lations 1918	
Circular and Order . . . . .	December 18, 1918
Midwives Act, 1918	

## SPECIAL REPORTS TO COUNCIL

Provision of Nursing Assistance for Measles etc., in  
Children under 5 years of Age.  
Maternity and Child Welfare Act 1918  
Influenza (2 reports)

### 1.—VITAL STATISTICS.

#### POPULATION.

The estimates of population for the calculation of Birth and Death Rates are issued by the Registrar General, and are invariably less than those calculated by local officials. In order to explain discrepancies and misunderstandings the Registrar General has issued a memorandum embodying the following points :

1. The year dealt with being the Calendar year 1918 differs slightly on this account from the records of the most nearly corresponding 52 weeks.

2. The death rate population excludes all non-civilian males whether at home or abroad, and is based mainly on rationing returns supplied by the Ministry of Food.

The birth rate population is intended to include all the elements of the population contributing to the birth rate. It consists of the death rate population plus all non-civilians enlisted from this country. This element is distributed over all districts in proportion to the estimated civil population.

3. The classification of some deaths is notified in the light of fuller information obtained after special inquiries, and may account for a slight discrepancy between the Registrar General's and locally compiled returns.

The two populations for 1918 issued by the Registrar General are :

For the Birth Rate	42,207
For the Death Rate	37,669

The method used is probably the best that could be devised for the country as a whole, but when a Census is taken there is generally found to be a wide margin between the actual and estimated figures.

The Birth rate for 1918 is the lowest, and the Death Rate is the highest recorded in my experience.

The Infantile Mortality is almost the lowest yet recorded in Chatham.

The high death rate is entirely due to Influenza and its complications during the last quarter.

The subjoined Table showing the deaths during each quarter of the year makes this clear.

	Males	Females	Totals
First Quarter ..	99	79	178
Second „ ..	67	56	123
Third „ ..	59	44	103
Fourth „ ..	177	184	361
Totals	402	363	765

Thus the deaths during the 4th quarter, more than half of which were due to Influenza, were nearly 50 per cent of the total

### BIRTHS.

The number of Births registered as belonging to Chatham, during 1918, was 846.

Males	421	Females	425
Birth Rate	20.04 per 1000		
Legitimate Births	801		
Illegitimate Births	45		
The number of Still Births was 32.			

The following Table shows the natural increase of population, that is, the increase of births over deaths in each division of the Borough.

	Births.	Deaths.	No. of births over deaths.
St. Mary's Ward .....	159	122	37
Luton Ward .....	448	266	182
St. John's Ward .....	239	198	41
	846	586	260
Deaths in Institutions		179	179
		765	81

The nett result is an increase of Births over Deaths of 81

### DEATHS.

The total number of deaths registered amongst civilians was 765

The death Rate is 20.3 per 1,000.

The following Table supplied by the Registrar General shows the causes of death, etc., for each sex.



Causes of Death in Chatham, M.B., 1917. (Civilians)		Males.	Females.
	All causes .....	389	373
1.	Enteric Fever .....	1	
2.	Small Pox .....		
3.	Measles .....	5	8
4.	Scarlet Fever .....	2	
5.	Whooping Cough .....	3	3
6.	Diphtheria and Croup .....		1
7.	Influenza .....	88	106
8.	Erysipelas .....		
9.	Pulmonary Tuberculosis .....	35	30
10.	Tuberculous Meningitis .....	4	3
11.	Other Tuberculous Diseases .....	2	1
12.	Cancer, Malignant Disease .....	24	22
13.	Rheumatic Fever .....		
14.	Meningitis .....	1	2
15.	Organic Heart Disease .....	33	36
16.	Bronchitis .....	29	28
17.	Pneumonia (all forms) .....	24	21
18.	Other Respiratory Diseases .....	1	2
19.	Diarrhoea, etc. (under 2 years) .....	5	5
20.	Appendicitis and Typhlitis .....	1	
21.	Cirrhosis of Liver .....	2	2
21a.	Alcoholism .....		
22.	Nephritis and Bright's Disease ....	3	4
23.	Puerperal Fever .....		1
24.	Parturition, apart from Puerperal Fever .....		2
25.	Congenital Debility, etc .....	14	12
26.	Violence, apart from suicide .....	15	5
27.	Suicide .....	6	
28.	Other Defined Diseases .....	89	76
29.	Causes Ill-defined or Unknown .....	2	2
	Special Cases (included above)		
	Cerebro Spinal Fever .....		1
	Poliomyelitis .....		
	Deaths of Infants under 1 year of age		
	Total .....	36	36
	Illegitimate .....	6	8
	Total Births .....	423	425
	Legitimate .....	397	404
	Illegitimate .....	24	21
	Population { For Birth Rate,	42,207.	
	{ For Death Rate,	37,669.	

**AGES.**

Deaths occurred as follows :—

Under 1 year .....	73
1 and under 5 years ...	64
5 and under 15 years ..	64
15    "       "   25    "	61
25    "       "   65    "	299
65 years and upwards...	204
10 per cent. were under 1 year.	
25   "       "       "   between 1 and 25 years.	
39   "       "       "   between 25 and 65 years.	
26   "       "       "   over 65 years.	

The number of uncertified deaths was .....24  
 „       „       death of illegitimate children was 14

**INFANTILE MORTALITY.**

Total deaths under 1 year ..	73
Rate per 1,000 nett births .....	86

The averages for the quinquennial periods from 1900 are

1901-1905 .....	150
1906-1910 .....	117
1911-1915 .....	115
1916 .....	83
1917 .....	100

Of the total deaths

- 31 or 42 per cent occurred during the first month
- 14 or 20 per cent occurred during the 1st and 3rd month
- 15 or 20 per cent occurred between the 3rd and 6th month
- 13 or 18 per cent occurred during the 6th and 12th month



The following Table shows the number of deaths under one year of age from Debility and Premature Birth during the past seven years.

1912	53
1913	58
1914	39
1915	43
1916	39
1917	36
1918	28

This important subject is discussed under the head of Infant Welfare, and the improvement which has taken place is I think largely due to increased health visiting, and from the work of the Maternity and Child Welfare Centre.

### RESPIRATORY DISEASES.

The mortality from this class of diseases was in excess during the first and fourth quarters of the year. During the first quarter it was due to inclement weather, and was chiefly amongst the aged. In the fourth it was associated with Influenza, and affected young adults.

### ORGANIC HEART DISEASE.

The deaths were 69 as against 52 in 1916.

### CANCER.

From Cancer and other forms of malignant disease there were 46 deaths.

Table showing Births, Deaths, and Infant Mortality, Rates for past 10 years.

Year.	Birth Rate.	Death Rate	Infant Mortality Rate.
1909	24·9	11·8	107
1910	23·2	11·2	92
1911	26·3	15·8	127
1912	24·8	13·1	115
1913	26·	13·2	103
1914	25·	13·8	97
1915	21·	16·4	122
1916	24·9	15·	83
1917	22·5	15·5	100
1918	20·04	20·3	86

## 2.—SANITARY ADMINISTRATION.

The Public Health Committee composed of the whole of the Council meets once a month.

The present Staff in addition to myself, consists of 1 Inspector of Nuisances, 1 assistant Inspector, both fully qualified, 3 Health Visitors and 1 Clerk.

The work of routine inspection has had to be curtailed in some directions owing to the absence of one Inspector, but generally speaking a high level of efficiency has been maintained, owing to the very satisfactory and painstaking manner in which the members of the Staff have discharged their duties.

### SALE OF FOOD AND DRUGS ACTS, 1875 TO 1907.

The Superintendent of Police has supplied me with the following particulars of work carried out under these Acts during 1918, and whilst it is a matter for regret that purveyors of Milk should for the sake of profit deliberately reduce the nutritive value of Milk, which is the most important food for infants and invalids, it is satisfactory that severe penalties have been inflicted in cases of conviction.

The Administration of the Act is under the County Police, and the following list of samples was submitted for analysis.

Article	No. of Samples taken.
New Milk .....	45
Whisky .....	3
Rum .....	1
Gin.....	1
Flour .....	3
Tea .....	5
Mustard .....	3
Pepper.....	7
Jam .....	6
Olive Oil .....	1
Ground Rice.....	4
Corned Beef .....	1
Coffee .....	12
Sago.....	1
Arrowroot .....	2
Baking Powder .....	4
Butter .....	27
Spirit of Nitre .....	1

Margarine .....	32
Corn Flour .....	2
Cocoa.....	7
Pea Flour .....	3
Tartarie Acid .....	1
Cream of Tartar .....	2
Cheese .....	1
Lard .....	14
Tapioca .....	2
Beer .....	1
Sugar .....	2
Ground Ginger .....	1

Total.	188
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List of convictions recorded during the year 1918 :—

Article	Results of Analyst	Date of Hearing	Result of Proceeding
New Milk	6.7% added water	18th January, 1918	Fined £2
New Milk	32% added water	31st May, 1918	Fined £20
New Milk	Def. in Fat	" "	Cautioned
Beer	Adulterated	11th July, 1918	Fined £2
New Milk	Def. in Fat	" "	Cautioned
New Milk	28% added water	10th September, 1918	Fined £10
Spirits of	42.7% def. of		Fined £2,
Nitre	Ethyl Nitrate	10th September, 1918	Costs 5/-
New Milk	63% added water	10th September, 1918	Fined £10

## MILK AND CREAM REGULATIONS, 1912.

No cases reported

## FOOD SUPPLIES AND INSPECTION.

The duties falling under these heads are of a very important character, because the mode of preparation, the quality, the freedom from contamination, and the handling of food generally has much influence in regard to the health of the consumer. For the purpose of supervision meat is inspected in Slaughter houses and Shops, and other classes of food on the premises where it is stored or sold. Kitchens of restaurants and eating houses need constant visitation, and in some instances the disregard of cleanliness is very marked.

Certain kinds of food which rapidly deteriorate if kept or prepared in dirty and insanitary surroundings need special care

as to storage and preparation. A considerable quantity of food unfit for use has been surrendered during the year, and your Chief Inspector who is a Certificated Meat Inspector pays great attention to this matter.

### **SLAUGHTER HOUSES.**

There are 12 registered in the Borough. The general arrangements for killing are modified. Formerly every butcher bought and killed on his own premises if registered. Now, all sheep are killed at a central establishment, and bullocks are allocated according to requirements. The number of animals killed during the year has therefore decreased. The present arrangement permits of better supervision, and I hope that future legislation will give Local Authorities power to do away with private slaughter-houses, and to establish Public Abattoirs, because it is only by this means that complete and effective supervision can be maintained.

An account of the work carried out is given in the Inspector's statement.

### **MILK SUPPLY.**

There are 15 Cowsheds in use, and only 13 registered Milk Shops.

The closure of a large number of these is due to the shortage of supply, and as many of them only sold or stored 1 or 2 gallons daily, there is no great loss. From the Public Health point of view the multiplication of these small channels of supply is undesirable, and in spite of regulations the conditions of storage are seldom satisfactory.

In addition to periodical Sanitary Inspections of Cow Sheds your Veterinary Inspector makes quarterly visits, and reports on the condition and cleanliness of the cows.

I regret to state that the general condition of animals and byres is not satisfactory, and one is constantly met with the cry that labour cannot be obtained, and at times that if it could be got it costs too much.

The existing conditions must be amended, and the whole system of milk production and distribution throughout the country needs drastic alteration.

### **STATEMENT OF THE INSPECTOR OF NUISANCES.**

Dear Sir,

I herewith append my annual report on the various Sanitary Matters of the Borough for the year 1918.

## DRAINAGE WORK.

There have been no new buildings erected in the borough during the year, with the exception of two new additions to existing buildings, viz :—

Navy House, Clover Street .....	1
17 Military Road .....	1

## CESSPOOL WORK.

3159 cesspool applications were made, being an increase of 373 over the preceding year, 5694 loads of liquid sewage, and 2380 loads of night soil were removed.

A steam tractor specially constructed for the work is now in use, and will very much facilitate the work.

The following are the cesspool applications each month during the year :—

January .....	326
February.....	249
March .....	232
April .....	299
May .....	321
June .....	206
July .....	296
August .....	252
September .....	198
October .....	253
November .....	230
December .....	297

Number of choked drains cleared, 339. During the year 44 cesspools were reconstructed, and 18 new ones were dug.

## REGISTERED COMMON LODGING HOUSES.

There are 13 Common Lodging Houses on the register. Three fell into dis-use and were removed from the register. One Lodging-House Keeper was prosecuted for a breach of the Bye-laws, his premises were subsequently removed from the register.

Number of visits made .....	68
Number of Notices served to cleanse .....	5
„ „ for repairs .....	3
„ „ for overcrowding ..	0



**HOUSES LET IN LODGINGS.**

There are 38 of these houses on the register, one was added during the year. These are periodically visited to see that the Bye-laws are adhered to, and that no overcrowding exists.

Number of visits made .....	71
Number of Notices served to cleanse .....	4
"                  "      for repairs .....	9
"                  "      abate overcrowding .....	1

**SLAUGHTER HOUSES.**

Twelve registered Slaughter Houses are on the register, and one licensed. One registered Slaughter-house fell into dis-use and was removed from the register.

Owing to the shortage of home fed beast less killing has taken place than in former years. All unsound meat surrendered, has been disposed of for the extraction of glycerine for Munitions of War, the money realised for this, after reasonable expenses were deducted for removal and etc., has been refunded to the butcher.

Number of visits made.....	68
Number of Notices served to cleanse .....	2
"                  "      to repair .....	1

**UN SOUND FOOD SURRENDERED.**

Carcases of Beef .....	2
Quarters .....	18
Parcels .....	410 lbs.
Sheep carcasses .....	2
Edible organs .....	18
Milk Tins .....	573
Jam Jars.....	47
Tea .....	9½lbs.
Butter .....	4 lbs.
Apricots .....	15 lbs.
Sauce bottles .....	9
Pickles .....	5
Corned Beef 7 lb tins .....	20
Salmon Tins .....	24
Herrings .....	5
Sardines .....	1
Prawns .....	1
Tomatoes .....	7
Peaches .....	1
Syrup .....	1
Oranges .....	130



Eggs .....	710
Onions, Bags .....	2
Fresh Herrings, Barrels .....	27
„ „ Boxes .....	12
Bloaters .....	45
Kippers .....	5
Maakerel .....	1
Whiting, Kips .....	7
Haddocks .....	1

### OFFENSIVE TRADES.

- (1) Fried Fish shops on the register number. 28, but of these 15 are still closed.
- (2) The Marine Store Dealers number 4.
- (3) Gut Scrapers ..... 1  
 The visits made to these premises number 33  
 Notices served to cleanse ..... 4  
 „ to repair ..... 0

### KNACKERS' YARDS.

Two licensed Knaecker yards exist in the district, one at Long Downs, the other at Street End., After the animals are boned out the flesh is sent by rail to a London Knaecker's. No boiling takes place on the premises.

The yards are situated well in the country, no dwellings being in the vicinity. Periodical visits are made, and no notices were needed to be served during the year.

A set of Bye-Laws have been drafted to govern these premises, and for the conveyance of animals through the street, but have not yet been approved by the Local Government Board.

### DAIRIES, COWSHEDS and MILKSHOPS.

The number of cowkeepers now registered is 9. The number of cowsheds in use at the present time is 15.

The milkshops on the register number 33, of these 20 are still closed, owing to the shortage of the milk supply.

Number of visits made .....	86
Notices served to cleanse .....	1
„ „ to repair .....	1

**INFECTIOUS DISEASES.**

Cases removed to Hospital :

(a) Searlet Fever .....	81
(b) Diphtheria .....	28
(c) Enterie Fever .....	9
(d) Cerebro Spinnal Meningitis .....	0
Number of loads of bedding disinfected.....	176
Number of Library Books disinfected.....	17
Work prohibited in the homes of outworkers...	5

**MORTUARY.**

Bodies removed to Mortuary.—

(a) Men .....	7
(b) Women .....	3
(c) Children .....	4
Post Mortem Examinations.....	6
Buried at the expense of the Parish.....	5

**CONTAGIOUS DISEASES OF ANIMALS ACT.**

Three eases of suspected Swine Fever were reported during the year, but only one ease was confirmed by the board.

Notices Served :—

Form A., Artieles 2 and 19.....	3
Form B., Articles 2 and 19.....	2
Artiele 8 (5). Notice to eanse and....	
dis-infect, burn or destroy .....	1

**BAKEHOUSES.**

There are 23 workshop bakehouses on the register, but 10 are only now in use, of which 4 are underground. There are also 5 Faactory Bakehouses in the Borough.

Notiees served :—

(a) to eanse.....	2
(b) to repair .....	0

**NOTICES SERVED.**

Preliminary Notices .....	172
P.H.A. 1875. Section 91 .....	69
„ 1875. „ 36 .....	13
„ 1875. „ 41 .....	1
„ A.A.1907 46.. .....	4
„ A.A.1907 49 .....	3
H. & T.P.A. „ 17 .....	10
H. & T.P.A. „ 15 .....	24
Letters Written .....	519

**VISITS.**

Housing and Town Planning Act .....	296
Slaughter-Houses .....	216
Common Lodging Houses .....	68
Houses Let in Lodgings .....	71
Drainage Work .....	236
Cesspool Work .....	286
Infectious Diseases .....	416
Complaints .....	91
Stables .....	49
Workshops .....	163
Workplaces .....	5
Restaurants .....	34
Milkshops .....	72
Cowsheds .....	14
Offensive Trades .....	33
Miscellaneous .....	296
Outworkers .....	593

**NUISANCES ABATED.**

Airtight Covers provided .....	7
Accumulation of Manure removed .....	8
Bell-traps removed .....	9
Broken W.C. pans removed .....	21
Brick drains removed .....	1
Concrete yards repaired .....	15
Concrete yards provided .....	17
Cesspools reconstructed .....	44
Cesspools dug (new) .....	18
Ceilings repaired .....	12
Drains repaired .....	33
Drains relaid .....	26
Flushing cisterns repaired .....	6
Floors repaired .....	6
Gullies provided .....	9
Houses with privies provided with drainage... ..	20
Interior of houses cleansed .....	58
Keeping of animals in an unfit state .....	4
New sink waste pipes provided .....	4
New sinks provided .....	24
Overcrowding abated .....	2
New vent-shafts fixed .....	4
Miscellaneous repairs .....	55
Privies repaired .....	17

Privies filled in .....	20
Roofs and gutters repaired .....	52
Wash-houses repaired .....	8
Wash-houses (new) provided .....	2

W. HUGHES,

*Inspector of Nuisances*

### 3.—HOUSING AND INSANITARY PROPERTY.

The following work has been carried out during 1918.

Table is in accordance with Article V. of the Housing (Inspection of District) Regulations.

Number of houses outstanding from 1916 under Section 17 and put into a fit state .....	4
Number of houses outstanding under Section 17 from 1917 demolished, viz :— 5, 6, 7, 8, and 14 Lines Road.....	5
Number of houses outstanding under Section 15 from 1917, put into a fit state for habitation.....	8
10, 10a, 12, 12a, 14, 14a, Cross Street. 11, 11a, Rubys Court.	
Number of houses inspected during 1918..	146
Number of houses reported under Section 17	10
Number of houses reported under Section 15	24
Number of closing orders made.....	10
Number of notices under Section 15.....	24
Number of houses put into a fit state after closing order made.....	3
Number of houses demolished.....	3
Number of houses Section 17 outstanding..	4
Number of owners cited to appear before the Council.....	3
Number of houses under Section 15 put into a fit state.....	14
Number of houses outstanding Section 15..	8

The question of housing has for well known reasons been in abeyance during the period of the War, but the time is approaching when more definite action must be taken. There are few aspects of it which are devoid of practical difficulties, and the present position seems to be this.

First. A general agreement that the need for reform is urgent.

Second. The fact that at the present prices of materials and labour it is impossible to provide suitable dwellings for the poorer classes except at a loss.

This loss is of course financial, but there is another aspect of the matter, which is briefly this :—that the method in which large numbers of people are at present housed results in a vast expenditure on relief agencies for conditions associated with and caused by bad housing, which would be largely reduced by the provision of more healthy dwellings. In any case the loss has to be made good, and a loss on building will ultimately prove to be much less than the loss caused by bad health and ineapacity for work.

Each district has its own special problems, and in dealing with them the necessity of rehousing the people who now live in houses not fit for habitation occupies the first place.

Slum property must be destroyed, because so long as it exists progress is impossible. As to what is to take its place, by whom and where new buildings are to be erected, their character, their rental and their management are matters for the early consideration of the Housing Committee. In my opinion an unique opportunity presents itself for improving the town, making it more healthy, and at the same time adding to its amenities, and increasing its rateable value.

Reform is needed in many directions, there is a general desire for a better standard of dwelling, which must be met, and along with reform in the type of house, there are considerations of sites accessibility, general layout and development, all of which mutually influence the future of the district.

Housing is the most urgent of many public health problems, and I feel sure that your Council realises the vital importance of dealing with it in a comprehensive manner, because its satisfactory solution is the most essential part of a sound policy of health administration. There are two principal ways of dealing with it, either by wholesale clearance, or by a partial clearance and adaptation. Both will necessitate the possession of additional accommodation. In reality the slum areas of most towns occupy only a small portion of the total area, but a large portion of attention.

#### **4. — INFECTIOUS AND OTHER DISEASES**

The general freedom from any alarming outbreak of Infectious sickness so noticeable during the War was maintained in 1918.

In January, 1918 the Local Government Board issued an order

prescribing a uniform form of certificate or notification by medical practitioners for all notifiable infectious diseases, and on this form provision is made for the additional particulars required to be furnished in the case of Tuberculosis, Ophthalmia Neonatorum, and Measles or German Measles, all of which have hitherto been placed on different forms.

The Regulations came into force on March 1, 1918, and the new form is gradually coming into general use as the stocks of previous forms are getting used up.

Contacts from the following diseases arrived in the district, and were kept under observation.

Small Pox .....	3
Dysentery .....	5
Enteric Fever.....	1
Cerebro-Spinal Fever .....	1

Table showing number of cases of Infections Sickness coming notice of the Medical Officer of Health during 1918.

Month	Scarlet Fever	Diphtheria	Enteric Fever	Measles and German Measles	Erysipelas	Ophthalmic Neonatorum	Total
January	2	5		103	1	3	114
February	2	3		81	1	2	89
March	7	7		113			127
April	5	3		62	1	2	73
May	9	2		27			38
June	9	1		15	1	2	28
July	15		2	5		2	24
August	19	3		1			23
Sept.	7	2	4	2		1	16
October	7	1	1			2	11
Nov.	6	2					8
Dec.	5	2	2		2		11
Totals	93	31	9	409	6	14	562
Removed to Hospital	81	28	9	0	0	0	118

### SMALL POX.

No cases have been reported. Three contacts from other places came into the district. One had been vaccinated, and the others were done after arrival.



The Vaccination returns for the Rochester and Chatham Registration District is as follows :—

Number of Births registered ..	1148
Vaccinated .....	668
Declarations of Objection .....	366
Percentage Vaccinated .....	58.4

### SCARLET FEVER.

Cases notified .....	93
Deaths.....	2
Households affected .....	70
Removed to Hospital .....	81
Percentage Removed .....	87

The numbers notified during 1915, 1916 and 1917 were 126, 88, and 52.

Local incidence :

St. Mary's Ward .....	13
Luton .....	60
St. John's .....	20

### DIPHTHERIA.

Cases notified .....	31
Deaths.....	1
Case mortality .....	3.2 per cent.
Households affected .....	28
Removed to hospital .....	28
Percentage removed .....	90

The numbers notified during 1915, 1916 and 1917 were 98, 76 and 34.

Local incidence :

St. Mary's Ward .....	2
Luton .....	9
St. John's .....	20

Both Scarlet Fever and Diphtheria are now of a mild type, and are rarely fatal, nor do they spread much when promptly isolated and treated. The mortality and severity of Diphtheria has been greatly modified by the use of Antitoxic Serum. This remedy is promptly administered to every case admitted to the hospital, but even better effects would result if its use were general prior to admission. I regret to say that the facilities provided for the free supply of Diphtheria Antitoxin are not fully utilised. It should always be injected under the skin, and not as is sometimes the case given by mouth, a method which is useless.

## ENTERIC OR TYPHOID FEVER.

Nine cases were notified, and six households were affected. All were removed to hospital, and one proved to be wrongly diagnosed. There was one death.

One case had only arrived at Liverpool ten days before admission, and had probably contracted the disease abroad. In two cases there was a history of eating shell fish, and two other cases had been away hop picking fourteen days before being taken ill. In one household where four cases occurred, the disease was evidently associated with the extremely dirty and insanitary condition of the house, combined with neglect in regard to the disposal of the excreta, and soiled linen.

## ERYSIPELAS.

Six cases were notified.

## MEASLES AND GERMAN MEASLES.

The compulsory notification of these diseases dates from January 1, 1916.

The duty of notification rests on the parent or guardian, and applies to each case or suspected case. If a medical practitioner is called in, it is his duty to notify the first case seen by him, unless it has been previously notified by the parent, and if no case has occurred in the household within two months. At the end of 1915 there was a sudden outbreak of Measles, which prevailed in the district until September 1918. The periods of maximum intensity were the first and second quarter of 1916, the second and fourth quarter of 1917, and the first quarter of 1918. The epidemic practically ended in June 1918, only 8 cases occurring in the ensuing three months.

The comparative incidence in 1916, 1917, and 1918 is as follows :—

Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total	Deaths	Case mortality per cent
1916	358	189	56	2	605	16	2.5
1917	92	145	28	169	434	8	1.9
1918	297	104	8		409	13	3.2
Total for 3 years	747	438	92	171	1448	37	2.5

## Sources of Information :—

Medical Practitioners	....	260 or 64 per cent.
Parents	.....	74 or 18 per cent.
School Teachers	.....	75 or 18 per cent.

Each case on receipt of notification was visited by one of the Health Visitors, who obtained various particulars relating to condition of home, number and age of other children, presence of other cases, treatment adopted, and preventive measures in use.

They were directed to advise medical attendance in all cases, to give advice as to the necessity of rest, warmth and ventilation, and to warn against the consequences of careless and unnecessary exposure of the patient.

Many unnotified cases were discovered by the agency of the Schools, from which a weekly return of the absentees is obtained.

The low rate of mortality is largely to be attributed to the greater care resulting from the visits of the Corporation Staff. These visits tend to impress on parents that the disease is of a much more important and fatal character than is generally thought, and that the serious complications can be avoided if reasonable care is taken.

A year ago I suggested that it would be a good policy to arrange with the District Nursing Association for nursing services in certain cases of Measles, Epidemic Diarrhoea and Ophthalmia Neonatorum.

Your Council approved of this principle, and decided on the more satisfactory method of employing a nurse directly under the control of the Health Department. For this purpose an additional Health Visitor has been appointed, who will as may be required act in the capacity of District Nurse for such cases as the M.O.H. approves. The chief diseases will be Measles, Whooping Cough, Epidemic Diarrhoea and Ophthalmia Neonatorum.

Powers are provided under Section 133 Public Health Act 1875, and Section 67 Public Health Amendment Act 1907.

**WHOOPING COUGH.**

Not notifiable. Its complications are the same as in Measles, and its importance and fatality are not sufficiently recognised. There were four deaths.

**ZYMOTIC OR INFECTIVE ENTERITIS.**

Commonly known as Diarrhoea, Enteritis or Gastritis.

Twelve deaths occurred. Ten of which were amongst children under one year.

Climatic conditions greatly influence the prevalence of this disease. A hot summer means a large mortality. The putrefactive bacteria which contaminate milk and other foods develop more rapidly under the influence of a high temperature, besides which flies are more abundant. Its association with dirt and insanitary conditions is most marked.

In July a circular was issued by the L.G.B. urging upon local Authorities that they should arrange :—

(a) Special visitation by Health Visitors of homes of infants whose mothers go out to work, or who for other reasons cannot be fed naturally

(b) To arrange for the nursing of cases of Epidemic Diarrhœa, where in the opinion of the M.O.H., such action is likely to be of use.

(c) If possible, to make provision for the hospital treatment of serious cases of Epidemic Diarrhœa.

It is also of importance that special attention should be given to scavenging during the summer months.

In your district arrangements are in force for carrying out the first two of the above steps, and as regard the third I hope that in due course some hospital provision will be possible.

### **OPHTHALMIA NEONATORUM.**

14 cases were notified as against 12 in 1917, and 22 in 1916.

Reported by Midwives ..... 9

Reported by Doctors ..... 5

All the cases came under medical treatment three being treated at the hospital.

Thirteen completely recovered, but in one the sight of one eye was quite lost. Every case is visited by a Health Visitor, and practical instruction is given in regard to the application of remedies. Where these are not being intelligently and regularly applied the visits are continued daily.

### **CEREBRO-SPINAL MENINGITIS.**

There were no cases reported amongst the civilian population.

The number of cases admitted into the Royal Naval Hospital, and Fort Pitt Military Hospital were very few, and no contacts amongst the civil population were traced.

## HOSPITAL PROVISION FOR INFECTIOUS DISEASES.

The hospitals for this purpose are three in number :—

St. William's Hospital situated in Roshester containing 100 beds allotted for Scarlet Fever, Diphtheria and Enteric Fever.

The Small Pox Hospital.

Both the above are used jointly by Rochester and Chatham.

The Alexandra Hospital at Wigmore in Gillingham, used jointly by Rochester, Chatham and Gillingham. This Hospital contains fourteen beds. It has and does admirably fulfil its purpose, and until other arrangements can be made must be maintained even if empty. The alternative would be to admit Cerebro-Spinal Fever Cases to the wards of a general hospital. Provided that sufficient space is available for each bed, and that there is free ventilation I am of opinion that these cases can safely be treated at a general hospital.

In connection with this subject : Hospital treatment is being advocated and in some places practised for certain ailments of children not generally admitted into hospital, although often treated in Out patient Departments, I refer to Malumtrition and Wasting Disease, and to Epidemic Diarrhœa and Ophthalmia Neonatorum.

A better organisation for the treatment of all kinds of sickness is gradually being evolved and the resources of institutions will be more and more required. The Hospital Authorities are not in favour of treating cases of Cerebro-Spinal Fever in their wards but would favourably consider any proposal for the admission of the other diseases I have mentioned.

## BACTERIOLOGICAL WORK.

All the specimens were examined at the County Council Laboratory at Maidstone, and reports are received by return of post. The following figures show the number and result of the examinations made during 1918 :—

	Total No. forwarded	No. giving positive results	No. giving negative results.
Diphtheria .....	43	9	34
Enteric Fever.....	5	2	3
Pulmonary Tuberculosis	45	16	29
Ringworm.....	25	16	9

Thirty-eight of the above were sent by myself, the rest by medical practitioners.



The use of Bacteriology for diagnostic purposes should be a routine practice in all cases where a definite causal organism can be found. In the event of future epidemic prevalence of Diphtheria or Enteric Fever, when the capacity of the hospital is overstrained it should be a rule that no case will be admitted unless the diagnosis is confirmed by this method.

### **POLIOMYELITIS.**

Familiarly known as Infantile Paralysis, has been compulsorily, notifiable since 1912. No cases occurred during 1918.

To the list of notifiable diseases has now been added Acute Encephalitis Lethargica and Acute Polio-Encephalitis.

This action is the result of inquiry into several obscure cases of infectious disease presenting unusual cerebral symptoms which occurred in epidemic form during the spring of 1918. A report of this inquiry will shortly be issued by the Board.

The notification of these diseases becomes compulsory on and after January 1st 1919, and all practitioners in the district have been informed.

### **MALARIA.**

Several cases of Chronic Malaria chiefly from the near East have come into the Borough during the year, and there is a danger that through them Malaria may become indigenous in this country especially in areas where mosquitos abound, as in the Thames and Medway districts.

### **INFLUENZA.**

Two special reports were made to the Council on November 5th and November 19th. The following account amplifies and extends the statements made in these previous reports.

During the months of July five deaths were registered from Influenza, but the outbreak was of a slight and temporary character.

These deaths occurred as follows :—

Week ending July 8 .....	2 cases
"    "    "    15 .....	1    "
"    "    "    22 .....	1    "
"    "    "    29 .....	1    "

Two were complicated with Pneumonia, two with Cardiac disease, and one with Meningitis.

No further cases occurred until the second week in October when the disease became epidemic. Before any fatal cases oc-



curred, there was greatly diminished attendances at some of the schools, whilst others kept a normal average.

The dominant characters of the outbreak were :—

1. Rapid onset and progress.
2. Widespread prevalence.
3. Great Fatality.

The weekly record of deaths was as follows :—

Week ending October 12 .....	1
"      "      "      19 .....	3
"      "      "      26 .....	12
"      "      November 2 .....	49
"      "      "      9 .....	54
"      "      "      16 .....	29
"      "      "      23 .....	10
"      "      "      30 .....	17
"      "      December 7 .....	5
"      "      "      14 .....	1
"      "      "      21 .....	none
"      "      "      28 .....	1
<hr/>	
Total .....	182
Forward from July .....	5
<hr/>	
	187

The above list is of civilian residents only. In addition there were the following deaths of non-residents occurring in the Medway Union Workhouse, Drill Hall Military Hospital, and the Welcome and Sailor's Home Naval Hospitals.

October .....	28 deaths
November .....	74    "
December .....	3     "

The total deaths attributed to Influenza including non-residents were 292. To these must be added 11 deaths of residents occurring in other localities. Nearly all the certificates indicated Pneumonia as a complication, and in some cases Pulmonary Tuberculosis and Meningitis. The complications were recorded as follows :—

Lobar Pneumonia .....	76
Broncho-Pneumonia .....	44
Bronchitis .....	32
Others .....	35

During October and November the deaths registered from Bronchitis and Pneumonia apart from Influenza were :—

	Bronchitis	Pneumonia (all forms)
October .....	14	7
November .....	10	14

The following Table gives the age and sex distribution of deaths from Influenza amongst residents :—

	0-5	5-15	15-25	25-45	45-65	65 upwards	Total
Males	9	14	15	30	14	4	86
Females	12	20	17	37	10	5	101
Total	21	34	32	67	34	7	187

The great feature of the mortality is its low incidence at the two extremes of life, and its heavy total among young adults. Over 50 per cent. of the deaths were between 15 and 45, and over 70 per cent. between 5 and 45.

A few comparisons between the recent outbreak and that of 1890-91-92 are interesting.

During 1890, only 4 deaths were registered giving Influenza as a primary cause, and 107 from Bronchitis and Pneumonia..

1891		
Influenza.....	12	} 105
Bronchitis and Pneumonia	93	
1892		
Influenza.....	6	} 132
Bronchitis and Pneumonia	126	

Thus at that time few people died directly from Influenza, nor was the onset of Pneumonia so rapid. It more often occurred subsequent to the primary attack, and frequently after the patient had begun to get about. Also the chief incidence was amongst the old and debilitated. The illness was generally of a more chronic type, and prevailed chiefly during the last quarter of 1890, the first and third of 1891, and the first of 1892.

The recent epidemic was of an entirely different character. It began during the second week of October, and ended the first week of December, covering a period of nine weeks.

## ADMINISTRATION ACTION.

The following action was taken as soon as its serious character was manifest.

(a) October 25th Elementary Schools closed for three weeks to November 18th

(b) Circular letter to Managers of Theatres, Music Halls, etc., re-ventilation and cleansing.

(c) Circular letter to Sunday School Managers inviting co-operation in Closure of Sunday Schools.

(d) Managers of all places of Public entertainment asked to exclude children under 15 years of age.

(e) Precautionary advice issued by posters and leaflets.

All these requests were at once complied with.

It was evident that a very serious situation had arisen, rendered worse by the following reasons :—

1. A shortage of doctors.
2. A shortage of nurses.
3. The difficulty in many cases of securing an adequate supply of such nutrients as milk, eggs, beef tea and broth.
4. Delay in securing burial.

I thought it expedient to call a special meeting of the Health Committee, who were asked to sanction action on the following lines :—

(a) To inaugurate a district Nursing Service by releasing the Health Visitors and School Nurse in the employ of the Corporation from some of their existing duties, and by co-operation with the District Nursing Association.

This will give seven nurses.

The town will be divided into districts, Medical men will be asked to send to the Medical Officer of Health the names and addresses of patients where help is required, and the nurses will visit the cases and give help and advice in each household.

(b) The provision of a supply of meat extracts which would be readily available. These to be supplied on medical requisition at a small cost, or gratis in necessitous cases.

(c) To facilitate burial by securing additional labour for making coffins and digging graves, the latter of which might be from three to five feet from the surface instead of ten or twelve feet,

These recommendations were adopted and immediate action taken. Within twenty-four hours a working scheme was established which proved of great value, and both the District Nursing Association and Medical men readily co-operated. Many cases found to be without a doctor were visited and helped.

The difficulty with regard to coffins and the digging of graves was surmounted by securing the services of sailors and soldiers. At one period of the epidemic several bodies were removed from dwelling houses to a store at the Sanitary Depot.

Facilities were provided for the bacteriological examination of Sputa, but owing to extreme pressure of work on medical men, none availed themselves of these facilities.

There is no definite evidence as to the means of introduction of the disease into the locality, but its general prevalence in this and in other countries points to its diffusion by the aggregation and contact of human beings, some of whom are in an infective condition, and who disseminate organisms from the respiratory surface by sneezing, coughing, and spitting.

By the 19th of November when the Health Committee again met I was able to state that the epidemic showed signs of abating, and that very few requests for nursing assistance were being received.

The Schools were re-opened on November 18th, and the restrictions respecting the admission of children to houses of entertainment were withdrawn.

Coincident with the opening of the Schools, the following Circular was sent to all Head Teachers :—

## **BOROUGH OF CHATHAM.**

### **INFLUENZA.**

**Head Masters, Mistresses and all Teachers are requested to give attention to the following points.**

1. Although the Schools have been allowed to re-open the Epidemic has not yet completely subsided.  
Great care and vigilance are still necessary.
2. A sharp look-out should be kept for either Teachers or Children who may, in ignorance that they are suffering from the disease arrive at School. Any one of such who is observed to be sneezing, or has developed a recent cough, and who is feverish should be sent home, and told to go to bed until better.

3. For the present all assemblies of children in the School Halls should be discontinued. The Children should go direct to their class rooms, and any suspicious cases will in this way be more easily detected, and promptly dealt with.
4. Above all, fresh air is the greatest foe to the spread of Influenza. Class Rooms and Cloak Rooms should at all times be freely ventilated by cross currents where possible, and when the rooms are not occupied all windows and doors should be kept widely open.

J. HOLROYDE.

Medical Officer of Health  
and School Medical Officer.

Town Hall, Chatham.

November 18th, 1918.

At a later period a form of inquiry embodying certain points mentioned in a Circular issued by the L.G.B. on November 3rd was addressed to all medical men practising in the district, a number of whom replied.

#### 1. DURATION OF THE INCUBATION PERIOD.

A general opinion that it is short, from twelve to forty-eight hours.

#### 2. DURATION OF THE INFECTIVE PERIOD.

Short—One observer says throughout the illness, two states from seven to fourteen days, the majority consider it to be mainly during the persistence of nasal and faucial catarrh.

#### 3. METHOD OF SPREAD.

By direct infection from person to person, aggravated by close contact.

#### 4. EVIDENCE OF PROTECTION BY A PREVIOUS ATTACK.

The replies to this were vague, but there is a general impression that a previous attack does confer temporary immunity.

#### 5. FREQUENCY OF OCCURRENCE OF SECOND ATTACKS OR ANY SPECIAL CLINICAL FEATURES OF THIS OUTBREAK.

Second attacks were rare.



## 6. CLINICAL FEATURES

Most observers classify three types of severe cases

1. The Pneumonic—by far the most common.
2. The Cerebral
3. The Gastro Intestinal.

Besides these defined forms there were a number of cases of a slighter character typical of feverish colds, but accompanied by much prostration.

The prevalent form of Pneumonia was of the Lobar type, but there were also several cases of the Lobular type, tending to coalesce. This latter type prevailed in the Medway Union Infirmary, but most general practitioners record Lobar Pneumonia.

The occurrence of hæmorrhage was very marked from the nose, the lungs and the stomach. Pregnant women miscarried. Bleeding at the nose was a very common initial symptom especially in children.

Mental disturbance was very common both during and after the attack. The Medical Officer to the Union informs me that some of the cases were of the melancholic type with homicidal and suicidal tendencies.

In a few cases temporary paralyses were noted, squints etc.

As regards epileptics of whom there are several in the Institution the seizures were intensified.

There was much suffering and mortality which in normal times might have been prevented. I have mentioned the lack of medical and nursing assistance, but as contributory causes I would also add :

1. The lack of fats for a long period and the shortage of milk, leading to lowered vitality and diminished resistance.
2. The shortage and in many cases an almost complete absence of fuel.
3. The total involvement of households so that there was no one available to light and maintain fires, and to provide suitable nourishment
4. The lack of brandy.

I have no doubt that many lives could have been saved by the administration of brandy, if it had been available. Cases of Pneumonia succumb to heart failure, which can be largely counteracted by the administration of good brandy under Medical direction



I have not observed any special incidence on particular occupations or districts, but its prevalence amongst young adults was very marked.

As regards the provision of Hospital treatment there were no medical beds then available at the General Hospital, but a number of cases, not because they were paupers but because proper attention could not be provided in their own homes, were admitted to the Medway Union Infirmary, and the Guardians are to be congratulated on their action, which may have violated established rules, but which was clearly in the public interest.

The prevention of infection is contingent on certain precautions. The germs are conveyed in material from the respiratory passages, and are received by the same channels.

Overcrowding must be avoided, and the wider the space between one individual and another the less the risk.

Well ventilated rooms are inimical to infection.

Early isolation, and rest until a normal temperature is attained are good for the sufferer, and lessen the risks to others.

Expectoration should be received into a receptacle containing a disinfectant, and discarded handkerchiefs should also be placed in it.

Healthy people should avoid inhalation of a patient's breath.

Masks are being advocated, and are of great value to those in immediate attendance on the sick.

## **VENEREAL DISEASES.**

The centre for free treatment of these diseases is held at St. Bartholomew's Hospital.

The clinic is now open five times weekly.

For men, Tuesdays and Thursdays, 5.30 to 7.30 p.m.

For women Thursdays, 3 to 5 p.m. Fridays, 10.30 a.m. to 12.30 p.m.

No recommendations are required. All patients are given a number on entry, and are afterwards known and treated under the number only.

Diagnosis is confirmed by bacteriological examination, and the latest and best treatment is given. The most successful results are obtained when cases present themselves for early treatment, and when they continue regular attendance. Under these conditions cure becomes certain, but neglect on the part of the patient invalidates the results.

These treatment centres are getting better known, and better appreciated, as is shown by increasing attendances.

A few months ago I drew up a notice calling the attention of the public to the dangers and complications of venereal disease, and indicated where free treatment could be obtained. These notices have been prominently displayed in Public Conveniences and have had an excellent result. The Medical Officer to the centre informs me that many who attend have been led to do so by these notices, not having previously realised the terrible effects of neglected disease, and not knowing of the treatment centre. I think that in time with the growing interest and toleration of the public these notices may receive a still wider prominence.

The effect of propaganda work carried out recently in the Dockyard has led to a very great increase in the number of new cases. The account of this work properly belongs to a subsequent report, but it is interesting to note that 116 new cases attended during the 1st quarter of 1919.

For the following statement of work, I am indebted to the Medical Officer in charge.

	New Cases	Males	Females	Total Attendances.
1st Quarter	38	21	17	333
2nd Quarter	51	29	22	475
3rd Quarter	47	31	16	510
4th Quarter	49	23	26	604
Totals	185	104	81	1922

The number of doses of Salvarsan Substitute administered was 871.

## 5.—TUBERCULOSIS

### PULMONARY.

Fifty-seven deaths occurred in the Borough and six deaths in Institutions outside.

Total, 63 deaths.

### PRIMARY NOTIFICATIONS.

From Private Practitioners.....	22
Hospital Cases .....	5
Tuberculosis Dispensary .....	13
Poor Law Cases .....	8
School Medical Officer .....	4
Total .....	52

**DISTRIBUTION.**

St. Mary's Ward .....	17
Luton Ward .....	21
St. John's Ward .....	14

**Ages.**

Under one year .....	None
1 and under 5 years .....	3
5    "    15    " .....	12
15   "    25   " .....	13
25   "    45   " .....	19
45   "    65   " .....	5

Sex.—Males, 25 ; Females, 24.

**NON-PULMONARY.**

From Tuberculous Meningitis .....	5 deaths
From other Tuberculous diseases .....	4    "

**NOTIFICATIONS.**

Private Practitioners .....	3
Hospital cases .....	12
School Medical Officer .....	2
Total .....	17

**DISTRIBUTION.**

St. Mary's Ward .....	5
Luton       " .....	8
St. John's   " .....	4

**Ages.**

1 to 5 years .....	5
5   "   15   " .....	7
15   "   25   " .....	3
25 and upwards .....	2

Sex.—Males, 9 ; Females, 8.

**CLASSIFICATION.**

Glandular .....	6
Joints .....	2
Meninges .....	0
Other parts.....	9

**VISITS**

Primary Visits .....	61
Subsequent visits .....	107

In addition to these visits paid for the purpose of inquiry and observation of sanitary measures, Tubercular patients are also visited by County Council visitors.

Thirty-one children from elementary schools were referred to the Tuberculosis Dispensary for observation and treatment.

**TUBERCULOSIS DISPENSARY.**

The Tuberculosis Officer of the District has supplied me with the following particulars of Chatham Cases.

Number of new patients .....	128
Total attendances of old and new patients during 1918 .....	2040

**DIAGNOSED.**

Pulmonary Tuberculosis .....	51
Surgical „ .....	21
Bronchitis.....	9
Other diseases .....	12
Apparently healthy .....	14
Referred for observation .....	21
Sent to Institution .....	25

The work done at the dispensaries is large and the area of the Tuberculosis Officer's district is of such a size and population, that under present circumstances the amount of attention that can be given to each case is very limited. The result is that the dispensary has become a sort of out-patient department, crowded with waiting patients, many of whom simply attend and continue to receive Cod Liver oil, etc. Institutional treatment is not possible in the majority of cases, and so far as the prevention of infection in Tuberculosis is concerned, it must be confessed that both the Dispensary and Sanatorium have not realised what was expected of them. The plain fact is that only a few of the patients put into practice the precautions which they are advised to take, and continue to disregard hygienic rules as to ventilation, overcrowding, etc.

All cases are visited from time to time, and temporary improvement follows, but in spite of all that is said and done the public do not adequately realise the danger of infection.

There are excellent wards at the Medway Infirmary, where both Pulmonary and Surgical Tuberculosis is treated, and in several cases treated at home I have been able to secure extra nourishment through the agency of the Guardians.

Tuberculosis is curable and incurable. If taken early cure is probable, if left too late it hardly ever takes place. Unfortunately many cases are not diagnosed until the disease is fully declared, and the destructive process has begun. The best results will only be obtained when cases are discovered and treated so early that preventive measures will be efficacious, and when adequate provision is made for the segregation of advanced cases.

The formation of Colonies for Tubercular cases in whom there is a prospect of cure is now being advocated, and it is certain that some change in the present methods of dealing with Tuberculosis must be effected before any satisfactory check can be put upon the spread of the disease.

## **6.—MATERNAL AND CHILD WELFARE**

### **MIDWIVES.**

The supervision of Midwives under the Act of 1902 is carried out by the County Council. These powers are affirmed in the Act of 1918, so that non-County Boroughs have no control over the Midwives in their districts. In places where Child Welfare Centres are in operation this is in my opinion a mistake, as Midwives form an important part of the various agencies concerned in the welfare of Mothers and Children.

There are nine registered Midwives in the Borough.

### **PUERPERAL FEVER.**

One death occurred outside the district.

There were three deaths from accidents and diseases of pregnancy and parturition.

### **HEALTH VISITORS.**

Three Health Visitors are employed. Two are whole time, the other gives one fourth of her time to School Medical Work.

The additional Health Visitor was appointed in November primarily to carry out nursing duties in cases of Measles, Whooping Cough and Epidemic Diarrhœa in young children, and for such other diseases as the M.O.H. deems suitable. When not occupied



in this work she performs the ordinary duties of a Health Visitor and assists the Maternity Centre.

The general duties allotted may be thus summarised.

The visitation of notified births  
 „ of children 1 to 5 years.  
 „ of cases of Pulmonary Tuberculosis.  
 „ of Measles cases

The home nursing of Measles, Diarrhœa, etc.  
 Visitation and assistance in cases of Ophthalmia Neonatorum.

Visitation of homes of outworkers.

Attendance at Maternity Centre.

Inspection of Women's Public Conveniences.

Special visits to cases referred from Voluntary or other organisations.

Inquiry into still births, and deaths of young children.

Special visits to homes where Epidemic Diarrhœa is prevalent.

Daily attendance at the office, and keeping of records.

The Health Visitors have definite instructions regarding the details of their work. They report each month, and are under my direct supervision.

## **NOTIFICATION OF BIRTHS ACT, 1907.**

The Borough is divided into three districts, one being allotted to each visitor.

Visiting is carried on to the age of twelve months in all cases, eight separate visits being the average, but in some cases this number is exceeded.

Ante-Natal Visiting is included, and arrangements are in force for the visitation of delicate and ailing children after the age of one year.

The total number of births registered as occurring in the Borough during 1918 was 847, of which 835 were notified, or 98 per cent.

Of the births notified 84 per cent. were by midwives ; 16 per cent. by doctors,



Table showing work under Act during 1918.

Total visits paid .....	5654
Number of breast fed infants ...	606
„ bottle fed „ ...	107
Defective addresses .....	18
Removed .....	33
Number of houses clean .....	533
„ „ fairly clean	224
„ „ not clean ....	52
Improved during visits.....	47
Number of still born infants ....	32
• Doctors' cases not visited .....	57
Deaths during visits .....	44

Of these deaths,

13 occurred during the 1st week	
10 „ between the 2nd and 4th weeks	
7 „ „ 4th „ 8th „	
14 „ „ 2nd „ 12 months	
Number of Mothers employed.....	93
Outworkers.....	40
Hawkers .....	15
Factories .....	9
Munitions .....	3
Shops.....	10
Laundry .....	3
Charwomen .....	11
Milk Rounds .....	2

Thirty-seven delicate and ailing children over the age of one year were regularly visited. These children were specially selected because they were either illegitimate or the mothers were incompetent, and homes unsatisfactory, and as a result the children were in poor condition. I consider it better to concentrate attention on selected cases than to make routine visits to all children whether they are well or not.

### STILL BIRTHS.

Thirty-two notified. Special inquiries are made in all cases, but the reasons given are often indefinite. Thus only in five cases was a satisfactory reason given. Two being due to Placenta Praevia, three to prolonged and difficult labour, in one case the mother being only fifteen years of age. Other reasons given were falls, strain, Influenza and worry. Probably the most frequent cause is Syphilis.

## **INFANTILE DIARRHŒA.**

Special visits are paid in all known cases, advice is given, and the mothers urged to come to the Maternity Centre.

## **OPHTHALMIA NEONATORUM.**

All cases reported are visited, and if a doctor is not in attendance are urged to secure medical advice, or to attend the Hospital. In several cases the nurse has visited twice daily to make the necessary applications.

## **MEASLES.**

All reported cases of Measles have been visited, and advice given. This procedure is of service in leading parents to realise the serious character of the disease, and to take precautions against its spread, and for the care of those attacked.  
293 cases were visited.

39 insanitary houses were reported to the M.O.H.

It is a noteworthy fact that nearly all the delicate children noted for continuation are living under unsatisfactory home conditions.

## **MATERNITY CENTRE.**

In my report for last year I fully described the organisation and administration of the Centre, which was opened in April 1917, and further experience of the work has confirmed my opinion of its value, and that it is much appreciated by the mothers who bring their infants.

The type of mother that attends in the largest number and the greatest regularity is what I may term the "good mother." She is welcomed, aided and advised, and as a rule she acts on the instructions given to her with a markedly good result on her child's welfare, but there is great difficulty in securing the attendance of another type of mother, who cannot by any stretch of imagination be called "good", but who from a combination of ignorance and neglect mismanages her baby both as regards its feeding, its clothing, and its cleanliness, and who if she does the right thing is apt to do it in the wrong way. I trust that as education in matters of personal hygiene progresses, a better attendance of this type of mother will be secured.

## THE WORK OF THE CENTRE.

There are two weekly sessions, on Tuesday and Friday afternoons, 2.30 to 4.30 p.m.

The Medical Officer and two Health Visitors are in attendance.

The number of new cases attending was 264, equal to 31 per cent. of the total births registered during the year.

216 children were under the age of 12 months and 48 between 1 and 5 years.

59 children continued attending from 1917.

Total number of attendances 1170. Average weekly attendance 36.

15 cases were referred to the hospital for treatment, and 1 to the Tuberculosis Dispensary.

Number of expectant mothers 7.

## FEEDING OF INFANTS.

Breast fed .....	103
Breast and bottle .....	48
Bottle only .....	113

Nearly every mother begins with breast feeding, but for various reasons there is a tendency to supplement it by the bottle, or to entirely discontinue it. All mothers are strongly urged to continue breast-feeding, and the majority appear anxious to do so. I expect that in the future with increased prices for food there will be more breast-feeding. During the war the following influences have been at work.

The effect of air raids.

Loss of husband in action.

Influenza, 1918.

Difficulty in securing Cow's Milk.

In the case of mothers attending the Centre the last difficulty has been obviated by giving priority certificates for a supply of milk for the nursing mother.

Faults in the management of infants are common, such as, sleeping in the same bed with the parents, the use of dummy teats, wet napkins leading to soreness and discomfort, insufficient and

inappropriate clothing, the lower part of the back not protected, feet uncovered, irregular or too frequent feeding, and the use of unsuitable foods.

At the Centre and by visiting at the homes we endeavour to amend these faults, and to promote cleanliness, regularity in feeding, proper clothing, the benefits of fresh air, regular hours of sleep, and improved personal hygiene, and a fair measure of success is attained.

### **ANTE-NATAL WORK.**

The number of expectant mothers attending the Centre was only seven. No efforts are spared to attain better results. The co-operation of doctors and midwives has been requested, the Health Visitors do all that is possible to secure attendances, but there seems to be an impression that unless a woman is ill, there is no necessity. The point is that conditions may exist which are likely to cause future disaster to the mother or the infant, which can be discovered by judicious inquiry, after which suitable measures can be taken to counteract the mischief. I trust that expectant mothers will attend in larger numbers during the present year, and have suggested that they could come by appointment if desired.

### **SUPPLY OF DRIED MILK.**

Where breast-feeding is impossible, this forms one of the best substitutes. The preparation supplied at the Centre is Glaxo, but the Cow and Gate brand is also used, and coupons are given enabling it to be obtained at a reduced rate. No form of feeding is equal to the natural method, but the results obtained by Glaxo, when carefully prepared, and regularly administered are very satisfactory.

The provision of midwives has already been mentioned, and there are various other directions in which child welfare work may be extended. The kind of effort needed in one area may differ from that needed in another, and the development of an undertaking in one direction or another will thus vary according to local requirements.

In this locality arrangements are in force for the Hospital treatment of children under five years of age, on the recommendation of the M.O.H.

Other questions such as the provision of lying in homes, creches and day nurseries, convalescent homes, homes for children of widowed and deserted mothers, and for illegitimate children, and

the provision of food for expectant and nursing mothers, and for children under five years of age are all available for grant if approved.

Your Medical Officer has been given a discretionary power in regard to the provision of milk, etc., to necessitous persons attending the Centre, and of the other matters, the one which is ripe for early consideration in the provision of a maternity home.

In a very large number of houses the accommodation for a confinement is quite inadequate, in others barely tolerable, and under these circumstances the recovery of the mother and the welfare of the child is retarded. For labour and lying-in the only hospital provision except for abnormal cases needing surgical interference is in the workhouse. The Sailors Families Association have a maternity home in the district, and I am informed that the demand for beds is in excess of the supply, and it has been decided to enlarge the accommodation.

There is no doubt an innate conservatism in regard to lying-in and many people prefer to put up with discomfort in their own homes rather than go to a hospital.

But prejudice of this kind will disappear in time, and especially if a lying-in home is provided.

The advantages of such an institution to mother and child strongly outweigh all objections, and in a district of this character provision should be made. The primary need is the relief of maternity, a secondary object would be the training of midwives. In regard to the use of Abortifacients, the provisions of the order in Council dated April 27th 1917, and referring to the use of preparations of lead, such as diachylon have been brought to the notice of druggists and practising midwives in the district.

## **7. FACTORY & WORKSHOPS ACT, 1901.**

### **Details of Administration.**

#### **REGISTERED WORKSHOPS AND WORKPLACES.**

Tenement Workshops .....	0
Workshop Bakehouses .....	11 in use
Domestic Workshops .....	39
Laundry Workshops .....	2
Other Workshops .....	131

Visits paid to workshops and workplaces 202.



One notice respecting insanitary conditions in a Factory Workshop was received from H.M. Inspector of Factories.

The Sanitary Supervision of Workshops, etc., has regard to cleanliness, air space, ventilation, and drainage of wet floors, and in regard to Bakehouses there are certain special provisions.

### FACTORIES.

The number of factories where mechanical power is used is 24.

### BAKEHOUSES—Sections 97 to 102.

There are 23 on the Register, but only 11 are in use. There are 4 underground bakehouses and 5 factory bakehouses.

Notices to limewash and cleanse were issued in two cases.

### OUTWORKERS.

Lists are received twice yearly in February and in August.

The February list contained 567 names.

„ August list „ 694 „

14 lists were received from employers.

Total visits to homes of outworkers was 593.

Notices to cleanse were 10.

Work prohibited on account of infectious disease 5 cases.

The class of work performed is mainly tailoring and shirt making.

### RAINFALL DURING 1918.

Taken at Luton Waterworks by Mr. Coles Finch.

January .....	2.87 inches.
February.....	.64 „
March .....	.83 „
April .....	1.84 „
May .....	1.62 „
June .....	.68 „
July .....	5.33 „
August .....	1.19 „
September .....	3.88 „
October .....	2.69 „
November .....	1.80 „
December .....	1.67 „
Total .....	26.82 „